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Division of Corporations

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From:

: CORPORATE CREATIONS INTERNATIONAL INC Account Name

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EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	CNE Gas Supply, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	100 CONSTELLATION WAY, SUITE 1700F BALTIMORE MD 21202
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	100 CONSTELLATION WAY, SUITE 1700P BALTIMORE MD 21202
04/22/2009	M0900001543
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of States
Registered Agent:	CT CORPORATION SYSTEM: 3
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	Corporate Creations Network Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Road #221E Palm Beach Gardens ,FL 33410
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is bereby confirmed that the change of the members of the limited liability company or as other the excepting agreement of the limited liability company. Signature of a member of authorized representative of member	Florida street address of the registered office
Kristine Roy, as Attorney-in-Fact	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familian with and accept the obligations of my Chapter 508. F.S. Or, if this accument is being filed to a address. Thereby confirm that the balled liability compositions.	
Signature of Registered Agent Division of Corporations P.O. Box of FILING FEE:	
INHS (8 (05/08)	